PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

CLAIMS AS FILED - PART I

Application or Docket Number

BIN-105US

SMALL ENTITY

(Column 1) (Column 2)							SMALL ENTITY TYPE		OB	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS					**************************************		Ē	RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		Ę	BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			20 minus 20=		*		ŀ	V# 0		1	V610	
INDEPENDENT CLAIMS					*		ŀ	X\$ 9=		OR	X\$18=	
_	····	NDENT CLAIM PI	9		' 		L	X42=		OR	X84=	84
L								+140=		OR	+280=	-
* If	the difference	e in column 1 is	less than zero, enter "0" in column 2			-	TOTAL		OR	TOTAL	824	
CLAIMS AS AMENDED - PART II								 			OTHER THAN	
_		(Column 1)	1.77	(Colu		(Column 3)		SMALL E		OR	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT			BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	addi- Tional Fee
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=		OR	+280=	
								TOTAL ODIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu		(Column 3)						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=		OR	X84=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
							L	+140=		OR	+280=	
							A	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1) CLAIMS		(Colur		(Column 3)	_					
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=	Γ	X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=-	F	X42=			X84=	
_	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	ENDENT	CLAIM		┢			OR		· · · · · · · · · · · · · · · · · · ·
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+280=	
**	f the "Highest Nu If the "Highest Nu	mber Previously Pa mber Previously Pa nber Previously Pai	id For" IN THIS aid For" IN THIS	S SPACE I	s less than	n 20, enter "20." n 3, enter "3."	70	TOTAL DIT. FEE	ropriate box		TOTAL ADDIT. FEE umn 1.	